

FEE TRANSMITTAL

Application Number 10/642,714
Filing Date 08/18/03
Inventor(s) David Harris
Examiner Name Bruce Edward Snow
Attorney Docket Number FIL 1864

Art Unit 3738
Confirmation No. 4374

☒ Applicant claims small entity status.

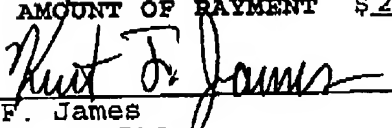
METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____
2. ☐ EXCESS CLAIM FEES
- | | | | | | | | | | | | |
|--|-------|---|-------|------|---|---|---|-----|-------|----------------------|---------|
| Total Claims | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | = | \$ 0.00 |
| Indep Claims | _____ | - | _____ | (HP) | = | 0 | x | Fee | _____ | = | \$ 0.00 |
| Multiple Dependent Claims Fee | | | | | | | | | | \$ _____ | |
| (HP = highest number of claims paid for) | | | | | | | | | | Subtotal (2) \$ 0.00 | |
3. ☐ APPLICATION SIZE FEE
- | | | | | | | | | | | | | | |
|--------------------------|-----|---|-----|---|-----|---|----|---|---|-----------------------|----------------------|---|---------|
| Total Pages | N/A | - | 100 | = | NAN | ÷ | 50 | = | 0 | x | \$ _____ | = | \$ 0.00 |
| (Application + Drawings) | | | | | | | | | | (round up to whole #) | Subtotal (3) \$ 0.00 | | |
4. ☒ OTHER FEE(S)
- | | | | | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> | Two (2) | month extension of time | | | | | | | |
| <input type="checkbox"/> | Information disclosure statement | | | | | | | | |
| <input type="checkbox"/> | 37 CFR 1.17(q) processing fee | | | | | | | | |
| <input type="checkbox"/> | Non-English specification | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal | | | | | | | | |
| <input type="checkbox"/> | Filing a brief in support of appeal | | | | | | | | |
| <input type="checkbox"/> | Request for oral hearing | | | | | | | | |
| <input type="checkbox"/> | Other: _____ | | | | | | | | |
| Subtotal (4) \$ 225.00 | | | | | | | | | |

TOTAL AMOUNT OF PAYMENT \$ 225.00


Kurt F. James
Reg. No. 33,716

04/24/06

Date

Telephone: 314-231-5400

KFJ/mlt